



**The Commonwealth of Massachusetts**  
**DIVISION OF CAREER SERVICES (DCS)**  
**PAYMENT VOUCHER FORM**

| COMMODITY-BASED PAYMENT REQUEST (PRC) DOCUMENT ID |            |              |               |
|---|------------|--------------|---------------|
| CODE  | DEPT       | UNIT         | ID            |
| <b>PRC</b>  | <b>EOL</b> |              |               |
| ACTION  | (E)<br>(M) | SCH PAY DATE | OFF LIAB ACCT |
| <b>E</b>  |            |              |               |

| DATE  | ACCTG PRD | BUD FY      |
|---|-----------|-------------|
|   |           | <b>200_</b> |
| <b>VENDOR'S CERTIFICATION:</b><br>I certify that the goods were shipped or the service rendered as set forth below.<br><b>(1)</b><br>(Please sign in ink) |           |             |

|                                |
|--------------------------------|
| <b>VENDOR NAME AND ADDRESS</b> |
|--------------------------------|

|                           |
|---------------------------|
| REFERENCED DOC ID:        |
| <b>CT EOL 3250 WTFEXP</b> |

|                 |                       |                           |             |     |
|-----------------|-----------------------|---------------------------|-------------|-----|
| DOCUMENT TOTAL: | VENDOR INVOICE NUMBER | TAXPAYER ID NUMBER (FEIN) | VENDOR CODE | EMP |
| <b>(2)</b>      | <b>(3)</b>            | <b>(4)</b>                | <b>VC</b>   |     |

| REFERENCED ORDER # | PROGRAM                         | LINE | QUANTITY | DESCRIPTION                     | UNIT PRICE | AMOUNT |
|--------------------|---------------------------------|------|----------|---------------------------------|------------|--------|
|                    | Workforce Training Fund Express |      |          | WORKFORCE TRAINING FUND/EXPRESS |            |        |

|   |             |
|---|-------------|
| The undersigned authorized signatory approving this document certifies that this document and any attachments are accurate and complete and comply with all applicable general and specific laws and regulations. |             |
| DCS DEPARTMENTAL APPROVAL SIGNATURE: _____  |             |
| DATE: _____   | TEL # _____ |

| FUND and DETAIL ACCOUNTING |      |      |       |                |      |                       |        |     |              |          |         |         |       |            |          |
|----------------------------|------|------|-------|----------------|------|-----------------------|--------|-----|--------------|----------|---------|---------|-------|------------|----------|
| LN                         | CODE | DEPT | UNIT  | ID             | LINE | DEPT                  | APPROP | SUB | UNIT         | S/UNIT   | OBJ     | PROGRAM | PHASE | EVENT TYPE | ACTIVITY |
| 01                         |      |      |       |                |      | EOL                   |        |     |              |          | PP1     |         |       |            |          |
|                            |      | RPTG | FUND  | COMMODITY CODE | DEPT | VENDOR INVOICE NUMBER |        |     | DESCRIPTION: |          |         |         |       |            |          |
|                            |      |      |       | 861018020000   |      |                       |        |     |              |          |         |         |       |            |          |
|                            |      |      | MSA # | LINE #         | DISC | DATES OF SERVICE      |        |     |              | QUANTITY | AMOUNT: |         | I/D   | P/F        |          |
|                            |      |      |       |                |      | (5) To                |        |     |              |          | (6)     |         |       |            |          |

I hereby certify under the penalties of perjury that all laws of the Commonwealth governing disbursements of public funds and the regulations thereof have been complied with and observed.

**FOR ACCOUNTING SERVICES DEPARTMENT USE ONLY:**

PREPARED BY: \_\_\_\_\_  
APPROVED BY: \_\_\_\_\_  
ENTERED BY: \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_  
TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_  
TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_